

UNIVERSITY SYSTEM OF GEORGIA  
TERMS AND CONDITIONS OF PARTICIPATION

WHEREAS, I, \_\_\_\_\_, wish to participate in the Study Abroad Program at \_\_\_\_\_ (institution) to take place from \_\_\_\_\_ (date) through \_\_\_\_\_ (date) located in \_\_\_\_\_ (City & Country) and, WHEREAS,

I therefore acknowledge and attest to the following statements and I agree to abide by the following terms and conditions at all times during my participation in the Program:

I understand that I am subject to the laws of the country or state where I am studying as well as the rules and regulations of my Host and Home Institutions. I also understand that it is my responsibility to be informed about the laws of the country or state and to conduct myself in a manner that complies with those laws.

I will follow the student code of conduct as described in \_\_\_\_\_ (institution) student handbook at all times during my participation in the Program.

I assume full responsibility for any personal activities in which I participate that are outside the scope of required course work and for my personal conduct while participating in my required course work activities.

I have been informed of all State Department warnings pertaining to the country (ies) of my destination. I understand that I am responsible for my personal property and will not hold the institution responsible should damage occur.

I am aware that there are inherent risks in travel and work in international settings, particularly in developing countries. I understand that the political and environmental and cultural situations in these countries differ from those in my own country and my home institution environment. I understand that these situations are unpredictable and may become volatile and dangerous often within a very short period of time. I understand that in such circumstances evacuation may prove difficult or impossible.

To the best of my knowledge, I am in good health and suffer no disability or condition that, even with reasonable accommodation, would render my participation medically inadvisable.

I understand that I am required to carry health or accident insurance that will cover me while I am abroad, and that I will be responsible for any expenses associated with injuries or illnesses that may occur including cost of medial evacuation and repatriation of

remains. In case of emergency, I authorize faculty/staff to obtain necessary treatment on my behalf.

The \_\_\_\_\_ (institution) strongly discourages students owning or operating vehicles while participating in study abroad programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles in foreign countries extremely hazardous. Insurance requirements, or other financial responsibility laws, vary from country to country. If, however, a participant is determined to operate a motor vehicle while abroad, he or she recognizes that the \_\_\_\_\_ (institution) assumes no financial responsibility for legal aid, or for the care of the participant should he/she be involved in an accident while operating a motor vehicle.

I have weighed the dangers inherent in foreign travel and work, the risks presented to my own health and well being, and my personal desire to further my educational experiences by traveling and working in foreign countries. I have had the opportunity to ask questions which have been answered to my satisfaction. Nonetheless, I acknowledge that there may be additional factors that may not have been brought to my attention. I have concluded that the risks are acceptable and are outweighed by my desire to participate.

I understand that my participation in this program is voluntary and that I voluntarily assume all risks of injury to myself or damage to my property and agree to hold harmless \_\_\_\_\_ (institution), its officers, directors, employees and authorized agents from any and all liability, claims, or causes of action arising out of my participation in study abroad activities or transportation to and from.

**By signing below, I acknowledge that I have read, understand, and agree to abide by this agreement.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Signature of Parent or guardian  
(If participant is under 18 years of age)

\_\_\_\_\_  
Date